CHIROPRACTIC COVER-UP

The medical profession has been caught conspiring to stop you from visiting chiropractors.

Whilst the Chiropractors' Association of Australia is not the originator of this article, it is our recommended source for further information.

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A fragile pedestal of faith upholds modern medicine whose practitioners rank among the most trusted members of our society. Trust is the foundation of a doctor-patient relationship and, in a broader perspective, the relationship between medical associations and government. Trust is exchanged upon the understanding that politicians, practitioners and their associations will place patient and public interest before their own economic concerns.

Conflicts of interest are common because medicine, that other arm of government, is ideally placed, in many countries, to arrange the provision of health care in such a way as to preclude competing health professions.

From a marketing perspective, international medicine is extremely powerful. Medical associations may adopt policies controlling availability, price, its own work and the work of others. Within departments of health, medical personnel play key roles in determining legislation that influences multibillion dollar expenditures throughout the global illness industry.

Although medical practitioners are claimed to be in oversupply, the limited intakes in medical schools, the limits on registration of medical primary contact providers, and the exclusive place of specialised service providers, all help to maintain costs of services.

Laws, regulations and 'ethics' create a virtual monopoly to the medical model of treatment within public health care facilities and programmes to the total exclusion of 'alternative' options. This is based upon the false exclusive premise that health problems are, in the main, medical conditions that require medical treatment and/or referral by medical 'gatekeepers'. From a global perspective, this gives a multibillion dollar marketing advantage for medical interests.

A contrived health care market place and intense opposition to the registration of other health professions excludes a level playing field within health care. The place of chiropractic within health care is a fine example of an exiled profession subjected to containment and discrimination.

Consumers should benefit from free enterprise competition but they are denied the liberty to consult the registered practitioner of their choice, and so may not receive the most *effective*, *cost-effective* and *safe* method of care (hereafter called 'the more beneficial therapeutic approach').

This article is about the international struggle to establish the liberty of patients to consult a chiropractor in genuine free enterprise health care market-places. If such markets existed, the patient who needs chiropractic care could:

(1) be informed through public health education programmes about subluxation-related disorders, the role and limitations of chiropractic and when to, and when not to, consult a chiropractor. (In supersimplistic patient terms, a subluxation is vertebral joint malfunction that interferes with the nervous system.)

(2) be encouraged by health planners, insurers, professional associations and medical practitioners to use the more beneficial therapeutic approach.

(3) find that medical practitioners were not restrained from referring patients to and accepting patients from chiropractors. Laws and ethics could be framed so as to permit chiropractors to obtain access to hospital diagnostic services and membership on the hospital medical staffs, to encourage medical physicians to teach at chiropractic colleges and to engage in collaborative research, and to encourage cooperation between the two groups in the delivery of health services. (In the USA, the intent of the medical boycott of chiropractors was opposite to this.[1])

The history of chiropractic includes widespread jailings, fines and prosecution of thousands of its pioneers. In more recent decades, similar anti-competitive arrangements appeared in state and federal health care systems across the USA and in other countries, including Australia and New Zealand. As chiropractors from different states and from different countries compared restraints, it became obvious that these almost identical anti-competitive practices could not arise spontaneously.

Later, the USA served as the proof that a conspiracy is necessary to create, implement and maintain a nationwide 'ethics'-based boycott and the restraints that flow from it. Court evidence eventually exposed what is now referred to as "the central conspiracy of the AMA in

the USA"; the programme that the conspiracy was founded upon is called the "Iowa Plan".

The conspiracy was aimed at restraining the liberty of patients to attend chiropractors in public health care facilities and programmes, and to deny them access to health insurance refunds for their services. Restraints cause patients prolonged unnecessary suffering and expense.

In the USA, Chester Wilk, DC, led a group of chiropractors to challenge the right of medical associations to participate in anti-competitive practices against the chiropractic community (*Wilk et al. v. AMA et al.*, US District Court, 1987).

Court actions were served upon the American Medical Association and thirteen other bodies which included The American Academy of Surgeons, The American College of Radiologists, The American Hospitals Association and The Illinois State Medical Society.

After fifteen years, all of the above had either sought pre-court settlement, pleaded guilty or were found guilty. The AMA appealed to the Supreme Court and lost. A restraining order now outlaws that anti-competitive conduct in the USA.

Those associations represent hundreds of thousands of medical practitioners. The seriousness of their conspiracy is reflected in their being forced to live within the terms of an injunction, to pay multimillion dollar court costs and an undisclosed but apparently vast sum for damages.

The courts defined the conduct as "restraint of trade" created by a "conspiracy" whose objective was "the complete elimination of the chiropractic profession". The US courts' findings clarified motive. The motive of *patient interest* was not proved. The US District Court found that the motive, *concern for scientific method*, did not justify a nationwide conspiracy to eliminate a licensed profession. The US Court of Appeals found the conspiracy was motivated by "economic concerns as well".

Globally, organised medicine stood to gain a multibillion dollar windfall if it succeeded in the complete elimination of the chiropractic profession in the USA and elsewhere. "One of the principal means used by the AMA to achieve its goal was to make it unethical for medical physicians to professionally associate with chiropractors."[2] That boycott is illegal in the USA but retained by medical associations elsewhere.

In other countries, members of the medical profession stand to share in a similar substantial economic windfall from anti-competitive discrimination within health care. In the absence of similar court precedents in their own countries, the Wilk trial serves as a benchmark for the international chiropractic community to judge parliaments, individual practitioners and medical associations who permit the continued use of 'ethics'-based boycotts against the interests of the local chiropractic community. Australia is one of those countries.

THE HISTORY OF ANTI-COMPETITIVE PRACTICES

Chiropractic began competing with medicine in 1895 in the USA. Over the intervening decades, millions of consumers (the most important judges of the value of a service) have made outcome assessments of what medicine and chiropractic have to offer. Millions voted with their feet and migrated with their patronage and payments from medicine to chiropractic. Growing public acceptance coincided with relentless opposition toward chiropractors from organised medicine.

Extremely vague definitions of the practice of medicine permits the misuse of medical acts in the prosecution of would-be competitors for practising medicine without a licence to do so. The record of sixty-six arrests was held by chiropractor Charles C. Lemly of Texarkana, Texas.

In the USA during 1991, Herbert R. Reaver, snr (a frequently jailed chiropractor) was given an award. He said "I was arrested twelve times and sent to prison four times for practising chiropractic in Concinnity, Ohio. A sizeable portion of my life has been spent behind prison walls for practising this profession of ours. The sheer wickedness and callousness of prosecuting in those days, and the tenacity and vindictiveness and jealousy of the medical authorities, begs description."

Internationally, the imprisonment of chiropractors is now uncommon. Growing public and political acceptance has forced the adoption of far more subtle, but intriguingly similar methods of containment.

THE US CONSPIRACY

This brilliantly simple conspiracy was based on the Iowa Plan. It went roughly like this:

(1) Destroy the good image of chiropractic via a disinformation programme portraying it as an "unscientific cult", a threat to patient interest.

(2) Create an 'ethics'-based boycott to protect patient interest.

(3) Use 'ethics' to justify keeping chiropractic out of public and private health care with the aim of containing and eliminating it through attrition.

These governments would not knowingly permit laws, regulations or 'ethics' that precluded Jews, Aborigines or females from access to public health care, but their laws discriminate against the chiropractic community.

(1) **Disinformation.** The first objective was disinformation—it was crucial to the rest. In marketing warfare, the battleground is the mind. According to lawyer David Chapman-Smith's *The Chiropractic Report*, "...similar disinformation, heard throughout Australia and New Zealand, echoed the central policy of the AMA." Terms aimed at destroying the self-esteem of the chiropractor, and lowering the image of chiropractic in the mind of the consumers, included: "chiropractic is an unscientific cult"; "philosophically incompatible with western medicine"; an "exclusive dogma".

(2) Without proof that patients who choose chiropractic care rather than medical treatment face a greater risk, a need was implied for 'safe medicine' to protect patient interest by boycotting 'dangerous chiropractic'. To be effective, an **'ethics'-based boycott** needed the continued passive or active, overt or covert, support or complicity of a majority of medical practitioners. To ensure that degree of support across America, a regulation, called Standard X, was applied to medical practitioners. It effectively made associating with chiropractors economic suicide by threatening to deny medical practitioners who breached that rule their hospital visiting rights.

(3) **Containment.** Passive preclusion denies the real victims of containment and restraints (patients who have subluxation-related disorders) the liberty to choose chiropractic care within taxpayer-funded health facilities and programmes. Like a system of gates used to direct sheep, restraints, in this instance, work unobtrusively, subtly. The patients who are being deflected away from access to chiropractic care may not be aware that it is happening.

Restraints include:

Information restraints. Factual knowledge about chiropractic empowers consumers to take ideal advantage of chiropractic. Preclusion from taxpayer-funded health education restrains access to that knowledge.

Economic restraints. In spite of repeated requests from chiropractors for genuine legislation, governments retain flawed registration acts that do not define and confine the relevant separate 'minimum standards' for **all** persons manipulating the spine for fee or reward.

It is a paradox that flawed Registration acts permit insurance to be prejudiced by reversing refunds, so as professions whose members have less or no accreditation in this speciality (medical personnel) are permitted refunds or a better refund for this service, while the experts (chiropractors) attract no refund or a lesser refund.

'Door key' restraint. A two-stage arrangement used in workers' compensation: (1) The law closed the door on direct, initial contact between injured workers and chiropractors by requiring that the worker first receive certification from a medical practitioner; (2) AMA 'ethics' turn the key by restraining the liberty of AMA members to refer patients to a chiropractor.

Access restraint. Nationwide, no chiropractors were employed within taxpayer-funded departments of health to assist in planning or providing chiropractic care to public patients.

In the USA, implementation took considerable organisation: "...for over twelve years, and with the full knowledge and continued support of their executive officers, the AMA paid the salaries and expenses for a team of more than a dozen medical doctors, lawyers and support staff for the expressed purpose of conspiring (overtly and covertly) with others in medicine to first contain and, eventually, destroy the profession of chiropractic in the United States and elsewhere."[3]

In the United States and elsewhere, the absolute, intense, remorseless and unrelenting opposition from organised medicine effectively dried up the stream of referred patients from medical practitioners. The blackban successfully denied public patients access to chiropractors within public health facilities and programmes. In spite of restraints, the profession is now university-based with millions of patients and, in the face of intense medical opposition, registered in most Western countries.

THE TWO MOTIVES

Chiropractors regard medical opposition to chiropractic as being self-serving and economically motivated, and regard the motives of 'patient interest' and 'concern for scientific method' as merely hypocritical smokescreens to conceal avarice.

'Scientific medicine' is guilty of condemnation without scientific, correctly structured clinical trials and inter-professional investigations. It has failed to do comparative outcome assessments between the real outcome of medical treatment and chiropractic care on patients with like disorders.

Turning fact upon its head became a principal weapon in medicine's armament against chiropractic; for example, medicine has criticised the adequacy of the qualifications of chiropractors. 'Scientific medicine' must attempt to deliver an appropriate standard of care. This requires that its own practitioners practise within the confines of their own accreditation. With regard to manipulation of the spine, that criterion is not observed.

Relevant adequate qualification is a cornerstone underwriting patient interest and 'scientific method'. The intent of governments who registered chiropractors clearly was to protect the public by (a) limiting the practice of chiropractic to properly qualified registered chiropractors, and (b) excluding unqualified or unsuitable people from practice.

That intent is being undermined by those medical manipulators who attempt to practise manipulation of the spine without relevant adequate qualification to do so.

Extremely few medical personnel have qualifications that equate with the courses in chiropractic. The courses are funded by the federal government and accredited by governments throughout Australia. This creates the 'gold standard' for the registration of chiropractors.

The Chiropractors' Association of Australia (CAA) supports the terms set by governments throughout Australia for the qualification standards and registration of chiropractors. The CAA has no objection to medical practitioners manipulating the spine, providing they hold relevant separate qualification to do so.

The Australian Medical Association recently circulated a warning to MPs re the hazards of manipulation. The New South Wales Coroner recommended that minimum qualifications be established.

Perhaps the lack of authority to do so prevents medical registration boards from (1) banning weekend or correspondence courses in manipulation for medical personnel; (2) demanding that registrants who attempt manipulation of the spine first attain the government's 'gold standard'; (3) ensuring that registrants practise and charge for only those services that are within the terms of their board-approved qualifications.

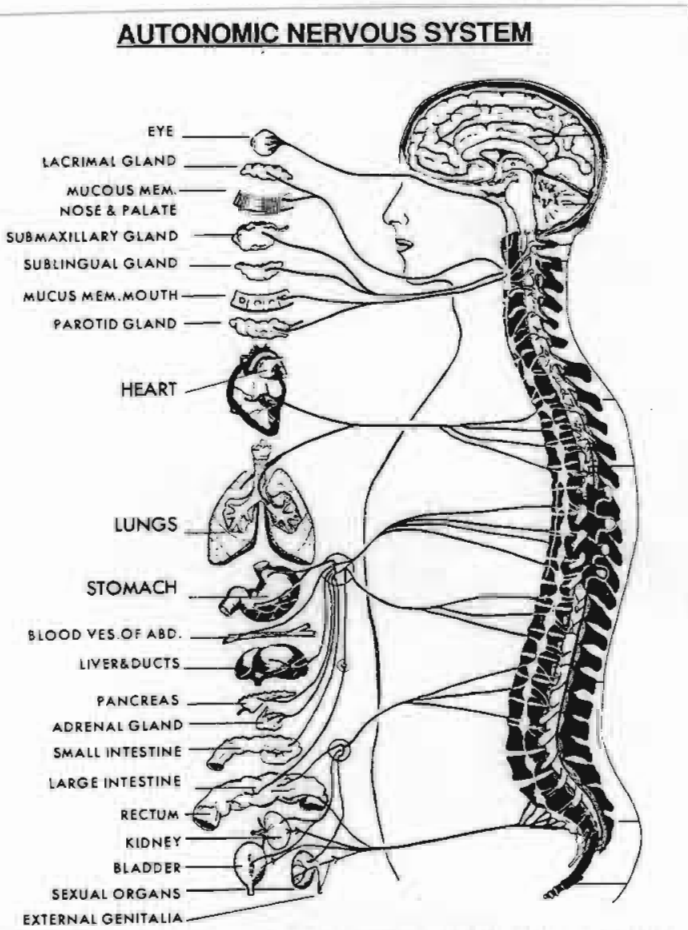
Medicare, a prime example of prejudiced refunds, depends upon registration boards to "assure appropriate skills and qualifications."[4]

Perth Coroner David McCann, in a different matter, warned that hospital management "should ensure that medical practitioners only practise within the terms of their accreditation."[5]

Apparently medical personnel, with or without any formal training in manipulation, may practise and charge Medicare for manipulation of the spine. Parliaments continue to discriminate against chiropractors by denying them inclusion under Medicare and hospital privileges.

Regarding AMA members who manipulate the spine, the AMA's claims of concern for 'scientific method' and 'patient interest' will have no credibility unless it sees that those members follow the advice of Perth Coroner David McCann to hospital management and "only practise within the terms of their accreditation".

Regarding patient interest, the 1977-8 Australian Health Survey looked at why people chose other health professions. It stated that: "The main reasons for changing were dissatisfaction with conventional medicine and concern about drugs and their associated side-effects." More recent figures reflect the degree that consumers are changing. A key point of a US survey reported in the *New England Journal of Medicine* (01-28-1993) was that patients chose to visit unconventional health care practitioners for a total of **425** million visits as compared to **388** million times to medical practitioners.



THE HEART OF THE MEDICAL CONFLICT LIES NOT WITH JOINT MOBILISATION BUT THE ROLE WHICH THE NERVE SYSTEM PLAYS IN SUBLUXATIONS. THAT IS THE FIELD OF CHIROPRACTIC EXPERTISE.

IS PATIENT CONCERN ABOUT DRUGS AND THEIR ASSOCIATED SIDE-EFFECTS JUSTIFIED?

Harmful effects of operations or prescribed medical treatment are called iatrogenic (physician-induced) disorders. According to Dr Tony Taylor, Chairman, Australian Association of Surgeons: "There are thousands of complications that can develop from any particular operation or treatment."[6]

Many patients attending chiropractors have previously had analgesics prescribed by their medical practitioner. According to *The Age* (15/5/1991), some 15% of organ transplants in Australia were a direct result of analgesic drug-induced kidney failure.

Australian doctors had wrongly prescribed up to eight million treatments in the past year, a new report by Roy Harvey, head of Health Service of the Australian Institute of Health, found. "One consequence of this...was some 30-40,000 pharmaceutical-related hospital admissions in one year."[7] According to *The Bulletin* (24/3/92), the study goes so far to claim this could be leading directly to the deaths of up to 900 people a year.

IS MEDICAL CONCERN ABOUT CHIROPRACTIC JUSTIFIED?

Medical associations have had ample opportunity to convince the judges in the Wilk trial, as well as numerous commissions and inquiries, that chiropractic poses a serious risk to patient interest. Their failure to do so is reflected in the Report of the Commission of Inquiry, "Chiropractic in New Zealand" (1979): "Tens of thousands of patients have gone through chiropractors' hands in this country. They have apparently suffered no ill effects. We have no doubt that every effort was made to locate verifiable cases of harm caused by chiropractors. The conspicuous lack of evidence that chiropractors cause harm to occur through neglect of medical referral can be taken to mean only one thing: that **chiropractors have on the whole an impressive safety record.**" [Emphasis added.] (Chapter 15, section 15, page 78.)

What is really in the patients' interests—attending a profession that has on the whole "an impressive safety record", or being treated with modalities with that appalling rate of morbidity and mortality?

What becomes of patients who have subluxation-related disorders and who consult a medical practitioner?

Normally medical practitioners are not qualified to practise chiropractic and so they may either miss, or perhaps ignore, the validity and significance of subluxations as chiropractors understand them. That may lead to the patient being exposed to incorrect treatment and unnecessary prolonged suffering and expense.

Most consultations with a general practitioner lead to a prescription for drugs. Some of these patients are advised to have surgery. Under normal circumstances, surgery and/or drugs are not the management of choice for subluxation-related disorders.

It is increasingly common to hear patients relate that medical personnel attempted to manipulate their spine. This should not be attempted by a 'weekend medical manipulator', although if the practitioner has qualifications that equate with a chiropractor, that is fine.

THE RIGHT TO LEGAL REDRESS

The unsatisfactory outcome of medical treatment, iatrogenic disorders or unnecessary suffering stemming from failure to refer, may cause patients to seek legal redress.

Chester Wilk, a leading DC in the Wilk trial, claimed: "I believe that it is inevitable that some day an MD or hospital will be sued for malpractice (if not fraud) after a chiropractor gets prompt results with a patient who has spent months or years of suffering and expenses with MDs and hospitals. Once this happens and a precedent is established, many enterprising attorneys, seeing the economic potential for themselves, will take these cases."[8] The lawyer for the chiropractors in the Wilk trial, Mr George McAndrews, claimed: "Now that the medical profession is put on notice through the *AMN* (*American Medical News*) and other journals, they can no longer sit on their hands and say 'I did not know'."

WHAT OF AUSTRALIA?

During the era of the establishment of that conspiracy in the USA, the Australian Medical Association also moved to boycott chiropractors.[9] The boycott underwrites the AMA's public motive for supporting containment.

The exposure of the central conspiracy, the replicating of the boycott elsewhere without proof it is needed to protect patient safety or public welfare, have destroyed the credibility of those who boycott an innocent, registered, licensed profession.

The term 'innocent' is used in the broad sense that medicine failed to prove its case when the chiropractic profession was the subject of six Royal Commissions, three commissions of inquiry, six reports, and the extensive scrutiny of the Wilk trial.

This history leaves medical advice about matters chiropractic as highly suspect.

CONCERNING GOVERNMENT INVOLVEMENT

Without proof that containment is either warranted or justified, the governments that help to educate and/or to register chiropractors, exile them from the domain of public health care. These governments would not knowingly permit laws, regulations or 'ethics' that precluded Jews, Aborigines or females from access to public health care, but their laws discriminate against the chiropractic community.

If parliaments throughout Australia are to end that discrimination, they would need to (1) outlaw the AMA restraint; (2) ensure the intent of registration excludes those who manipulate without proper accreditation to do so; and (3) change laws and regulations that permit containment. Such a market-place may suit the needs of patients who have subluxation-related disorders but it would create a conflict of interest for many members of the medical profession.

Anti-competitive practices can no longer be represented as credible measures to protect patients' or public interests. Chiropractors remain unimpressed by answers regarding why parliaments throughout Australia permit the boycott. Replies have included that 'ethics' are "an issue for the Australian Medical Association and its members"[10] or the AMA is a "powerful lobby". Medicine's conflict of interest is also a conflict of interest for politicians.

Knowing this, informed patients are increasingly sceptical about whose priority is being served by medical practitioners and politicians who support the spirit of the AMA boycott and containment in Australia.

The Western Australian Parliament is about to review of all the health registration acts in the health portfolio. Its actions regarding the containment of chiropractic and the AMA boycott should make its integrity self-evident.

Australian courts may give consumers protection. According to WA Minister for Health, Peter Foss, MLC: "...Trade Practices legislation provides similar avenues of redress as the United States legislation..."[11] The multimillion dollar Wilk trial required years of preparation documenting the incidents in which people, departments, employees, associations, insurance companies, etc., acted to restrain trade. Those actions may be grounds for very substantial damages. This avenue is now being explored.

Because of the everyday heroines and heroes, chiropractic has survived a trade war spanning nations and generations. The profession is indebted to those 'ordinary' people, who continue to lend it their support and encouragement. If you wish to assist to end containment please ask your politician to support that change. ∞

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